



Application for Residency

813 Beech Street Manchester, New Hampshire 03104
603.669.7361
www.evergreenplace.com

The undersigned requests that he/she be admitted as a resident of Evergreen Place, Manchester, NH.

about you

Name _____

Address _____

Date of Birth _____

Gender Male Female

Current Address _____

City _____ State _____ ZIP _____

Home Phone _____ Cell _____

Social Security No. _____

Medicaid No. (if applicable) _____

Long-term care insurance (if applicable) _____

Company Name _____

Policy # _____

Durable Power of Attorney (DPOA) or Family Contact

Relationship _____

Address _____

City _____ State _____ ZIP _____

Home Phone _____ Work _____

Cell Phone _____

Email _____

Name of Power of Attorney for Health Care

Name of Power of Attorney for Finance

your health

Your Existing Medical Condition(s)

Primary Care Physician _____

PCP Phone # _____

Dentist _____

Dentist Phone# _____

Other Physician _____

Physician Phone # _____

Do you need daily help with the following?

- | | |
|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Remembering things |
| <input type="checkbox"/> Getting in and out of bed | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Special diet |
| <input type="checkbox"/> Dressing | |

What is your Religious preference? _____

Your local church/synagogue/parish

Confidential information used only for Evergreen Place application process.

financial eligibility

Income

Social Security \$ _____ per month
Pension Payment \$ _____ per month
Veteran's Benefit \$ _____ per month
Interest/Dividends \$ _____ per month
Annuity(s) \$ _____ per month
Rental Income \$ _____ per month
Other Income \$ _____ per month

Assets

Real Estate Owned \$ _____ cash value
(attach sheet as needed)
Savings \$ _____
Checking \$ _____
Stocks/Bonds \$ _____
Life Insurance \$ _____ cash value
Other Assets \$ _____
Other Income \$ _____

To the best of my knowledge, the above statements are true.

Signature _____ /_____/_____
Applicant or Representative Date

Signature _____ /_____/_____
Witness Date